Attorney Docket No.

## BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	A METHOD OF	MENU-DRIVE	N CONTROL	OF AN	EXTERNAL	CONNECTE	ED
Fill in Appropriate	DEVICE IN All the specification of which	h is attached hereto. If	not attached hereto,	TUS			
Information -	the specification wa	as filed on					as
For Use Without Specification	the specification was filed on United States Application Number and amended on the specification was filed on					(if applicable) and/or	
Attached:	the specification was filed on					as PCT	
	International Application Number amended under PCT Article 19 on					, and was	
		I have reviewed and u				` `	
united.	amended by any amend I acknowledge the Regulations, §1.56.	ment referred to above duty to disclose info	ermation which is m	naterial to pate	entability as defin	ed in Title 37, Co	ode of Federal
The state of the s	I do not know and do not believe the same was ever known of used in the clinical states of Michael and the same was not thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filled by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filled in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:						
10 - Marian 10 -	Prior Foreign Applica					Priority	Claimed
Insert Priority	0 11			12/27	7/99	Z)	
Information:	99-63021 (Number)	<u>Korea</u> (Country)		(Month/Day	/Year Filed)	Yes	No
(if appropriate)	(Inumber)	(Country)		(11201111111111111111111111111111111111	,		o`
7 2 3 7 2 3 7 3 2	(NIh - m)	(Country)	<del></del>	(Month/Day	/Year Filed)	Yes	No
Section 1	(Number)	(Country)		(Mondis 2u)	2002 2		
E	(A.L., b)	(Country)		(Month/Day	/Year Filed)	∐ Yes	□ No
Make 1 gen of the control of the con	(Number)	(Country)		(ivioliti) Day	, rear raca,		
WENT OF THE STATE	/n x x )	(Country)		(Month/Day	/Year Filed)	∐ Yes	⊔ No
	(Number)	(Country)					
	I hereby claim the bene	fit under Title 35, Unit	ed States Code, §119	(e) of any Unite	ed States provision	ial applications(s)	usted below.
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Da	ate)		
	(Application Number) (Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country	App	lication Number		Date of Filing (M	onth/Day/Year)	
Insert Requested Information: (if appropriate)							
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
Insert Prior U.S. Application(s): (if any)	(Application Number)	(Fili	ng Date)		(Status - patentee	d, pending, abando	oned)
Page 1 of 2	(Application Number)	(Fili	ng Date)		(Status - patentee	d, pending, abando	oned)

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Terrell C. Birch	(Reg. No. 19,382)
James M. Slattery	(Reg. No. 28,380)
Michael K. Mutter	(Reg. No. 29,680)
Gerald M. Murphy, Jr.	(Reg. No. 28,977)
Terry L. Clark	(Reg. No. 32,644)
Marc S. Weiner	(Reg. No. 32,181)
Donald J. Daley	(Reg. No. 34,313)
John A. Castellano	(Reg. No. 35,094)
	-
	James M. Slattery Michael K. Mutter Gerald M. Murphy, Jr. Terry L. Clark Marc S. Weiner Donald J. Daley

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

or Customer No. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMPANIA A A A CO (PAR OUT VA A A A A A A	INTERTORIS SIGNIATURE		DATE*		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE				
Jea-Yong You	Genging - few		Dec 12, 2000		
Residence (City, State & Country)	<i>0 0</i> -	CITIZENSHII			
Seoul, Korea		_	ic of Korea		
POST OFFICE ADDRESS (Complete Street Addr C-306, Maebong Samsung Seoul, 135-270, Repub	ess including City, State & Country)  J Apt., Dogok-don  Lic of Koros	g, Kang	nam-gu,		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Byung-Jin Kim	735		Dec. 12. 2000		
Residence (City, State & Country)	<u> </u>	CITIZENSHI	P		
Kyunggi-do, Korea		Republ	ic of Korea		
POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 111-204, Hansol Cheonggu Apt., 110, Jeongja-dong,					
Bundang-qu, Seongnam,		914, Re			
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Kang-Sool sec	K100)		Dec. 12/2000		
Residence (City, State & Country)	/	CITIZENSHI	P		
Kyunggi-do, Korea			ic of Korea		
POST OFFICE ADDRESS (Complete Street Address) 104-1504, Chowon Seong	gwon Apt., Pyunga	n-dong,			
Anvang, Kyunggi-do, 4:	INVENTOR'S SIGNATURE	of Kore	DATE*		
Hyunz-Sun Kim	afga an		Dec 12. 2000		
Residence (City, State & Country)		CITIZENSHI	P		
Seoul, Korea		Republ	ic of Korea		
POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 286-266, Huikyung 2-dong, Dongdaemun-gu, Seoul, 130-092, Republic of Korea					
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Nam-Seok / To	Ven		Dec. 12, 2000		
Residence (City, State & Country)		CITIZENSHI			
Kyunggi-do, Korea	Republic of Korea				
POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 411-2401, Halla Apt., Sanbon-dong, Kunpo,					
Kvunggi-do, 435-040, Republic of Korea					

Page 2 of 2 (Rev. 01/05/2000)

Full Name of Fifth Inventor, if any: see above

PLEASE NOTE: YOU MUST COMPLETE

FOLLOWING:

Full Name of First Fig Sole Inventor: Insert Name of Inventor — Insert Date This Document is Signed

insert Residence Insert Citizenship

Address

→
Full Name of Second
hiventor, if any.
see above

Fall Name of Third Inventor, if any: see a

Full Name of Fourth

<sup>\*</sup>DATE OF SIGNATURE

Full Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
see above	Sang-Il /Seo	ang 15	•	DEC. 62, 2000				
	Residence (City, State & Country)		CITIZENSH					
	Seoul, Korea			Republic of Korea				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 323-906, Sinbanpo 11-cha Apt., Jamwon-dong,							
	Seocho-qu, Seoul, 13	37-030, Republic o	f Korea	DATE*				
Full Name of Seventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DAIE				
	Residence (City, State & Country)		CITIZENSH	IP				
į	POST OFFICE ADDRESS (Complete Street A	Address including City, State & Countr	ry)					
Full Name of Eighth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSH	CITIZENSHIP					
Control of the Contro	POST OFFICE ADDRESS (Complete Street A	Address including City, State & Countr	-y)					
Andread Control of the Control of th								
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above	OLVERY 141 HAILS, ATMINIMAL TAIMINE							
Manual   M	Residence (City, State & Country)	CITIZENSHIP						
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any:								
	Residence (City, State & Country)	CITIZENSHIP						
Tradition of the state of the s								
"Benefit of the second of the	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSI	HIP				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Twelfth Inventor, if any. see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENS	HIP				
	I							
	POST OFFICE ADDRESS (Complete Street	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
	1							

Page 3 of 3 (Rev. 01/05/2000)

\*DATE OF SIGNATURE